

[illegible]

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date)	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number					15. TO: Position Title and Number						
8. Pay Plan	9. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Code	18. Grade or Level	19. Step or Rate	20. Total Salary	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization						

EMPLOYEE DATA

23. Veterans Preference		24. Tenure	25. Agency Use	26. Veterans Pref for RIF
1 - None	3 - 10-Point/Disability	0 - None		
2 - 5-Point	4 - 10-Point/Compensable	1 - Permanent		YES NO
		2 - Conditional		
		3 - Indefinite		
27. FEGLI		28. Annuitant Indicator		29. Pay Rate Determinant
30. Retirement Plan		31. Service Comp. Date (Leave)		32. Work Schedule
				33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied		35. FLSA Category	36. Appropriation Code	37. Bargaining Unit Status
1 - Competitive Service	3 - SES General	E - Exempt		
2 - Excepted Service	4 - SES Career	N - Nonexempt		
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location)		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship
				1 - USA 8 - Other
				50. Veterans Status
				51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO



PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
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PART F - Remarks for SF 50

**APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK,
TEMPORARY TOUR OF ACTIVE DUTY, AND ANNUAL TRAINING FOR SOLDIERS OF THE
ARMY NATIONAL GUARD AND U.S. ARMY RESERVE**

For use of this form, see AR 135-200; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 672(d) and USC 275.

PRINCIPAL PURPOSE: To determine eligibility and schedule individuals for active duty for special work or active duty for training on requested dates.

ROUTINE USES: To identify the applicant as a Reserve Component member and to issue active duty for special work or active duty for training orders. The SSN is used to identify the applicant.

DISCLOSURE: Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.

PART I - APPLICANT (Read instructions in AR 135-200 before completing this form.)

1. TO (Include ZIP Code)
Office of the Commanding General, Kentucky ATTN: JFHQ-KYHRO
100 Minuteman Parkway, Building 210
Frankfort, KY 40601

2. NAME (Last, First, MI)		3. SSN	
4a. PERMANENT HOME ADDRESS (Include ZIP Code)		5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code)	
4b. HOME TELEPHONE NUMBER (Include area code)		5b. HOME TELEPHONE NUMBER (Include area code)	
4c. BUSINESS TELEPHONE NUMBER (Include area code)		5c. BUSINESS TELEPHONE NUMBER (Include area code)	
6. UNIT OF ASSIGNMENT OR ATTACHMENT		7. GRADE	8. BRANCH
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	10. DOB	11. MARITAL STATUS	12. NO. OF DEPENDENTS
13. PRIMARY SSI (AOC)/MOS	14. DUTY SSI (AOC)/MOS	15. HEIGHT	16. WEIGHT
17. <input type="checkbox"/> I am <input type="checkbox"/> I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.		18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)	

19. **FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY:** THIS APPLICATION IS FOR (Check one)

☐ IMA AT
 ☐ ADT in lieu of IMA AT
 ☐ Additional ADT

20. DATES OF ADSW/TTAD/ADT/AT REQUESTED			
a. FIRST CHOICE		b. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE/TIME	NUMBER OF DAYS	BEGINNING DATE/TIME
LOCATION		LOCATION	
DUTY/TRAINING AGENCY		DUTY/TRAINING AGENCY	

21. To the best of my knowledge and belief, I am physically qualified for active military duty. I was	
a. LAST EXAMINED ON	b. AT
22. SIGNATURE	23. DATE

24. REMARKS

I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army (*Manpower and Reserve Affairs*). I hereby consent to my release from active duty at the completion of this tour.

(Signature of applicant)

PART II - RECORDS CUSTODIAN

25. PAY ENTRY BASIC DATE	26. SECURITY CLEARANCE	27. PROMOTION CONSIDERATION CODE	28. DATE OF RANK
29. RYE DATE	30. ETS (<i>Enlisted</i>)	31. MANDATORY REMOVAL DATE (<i>Officers</i>)	32. UIC
33. HIV TEST DATE	34. PANOGRAPHIC DENTAL X-RAY ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		

35. List all previous AD, TTAD, AT, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HQ or agency to which attached.

a. PERIOD OF TRAINING/DUTY			b. TYPE TRAINING/ DUTY (AD, TTAD, etc.)	c. LOCATION/ INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			

e. SIGNATURE OF UNIT COMMANDER	f. DATE
36a. NAME OF RECORDS CUSTODIAN (<i>First, Last, MI</i>)	b. GRADE
c. SIGNATURE	d. DATE

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Initial counseling prior to selection for a FULL TIME NATIONAL GUARD DUTY SPECIAL WORK (FTNGD-SW) position. The below listed are conditions of employment and must be acknowledged prior to starting the application process.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

1. I understand, FTNGD-SW requires an application process that is my responsibility.
2. While on FTNGD-SW I willingly volunteer to attend IDT assemblies and Annual Training with my unit of assignment, I am responsible for any travel expenses incurred due to my attendance at unit assemblies and Annual Training. I further understand that I do not have to take accrued leave to attend unit assemblies.
3. Long and short FTNGD-SW tours are contingent on budget, if the budget that finances my tour falls short, my orders will be terminated.
4. While on long term FTNGD-SW orders (more than 29 days) I will accrue leave at the rate of 2.5 days per month which must be used prior to the last day of my long term orders or 29 September which ever happens first.
5. If I am required to attend other duty (voluntarily or involuntarily) relating to my unit of assignment, my FTNGD orders may be amended which will change my allowances resulting in a change to my total entitlement each month. (Based on PGM guidance)
6. FTNGD-SW is Full Time National Guard Duty Special Work, not AGR (Active Guard or Reserve), the same rules do not apply. All special privileges are at the discretion of the command with which you are working.
7. As a condition of employment, I am required to take and pass a semi annual (every 6 months) APFT (AR 350-41) and weigh-in (AR 600-9) with my unit of assignment. If I fail to achieve this condition I will be subject to involuntary separation from FTNGD-SW IAW
8. If for any reason I am unable to perform the duties that I was hired to perform, I will be placed on leave until my accrued leave is exhausted and my orders will be terminated.
9. If I am injured during the performance of duty or on off duty hours I must report the injury to my FTNGD-SW supervisor; it is my responsibility to obtain the medical care required to maintain my ability to be continued on FTNGD-SW orders.
10. I understand, if I am on FTNGD-SW orders, I am entitled to Tricare Standard (CHAMPUS) and dental coverage for myself through the MMSO. I also understand that I can sign up for Tricare Prime Remote (Medical Care) and United Concordia (Dental Care) for my family. (See Medical / Dental Sheet for instructions) I understand that if I have dental care provided without required preauthorization I may be responsible for the cost of the care.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

FTNGD-SW Application Checklist

1. Complete all required entries on DA Form 1058-R JUL 93, by completing blocks 2-24, certify all information by signing and dating blocks 22 and 24.
 - a. BDE/BN S1 completes blocks 25-36d.
 - b. Obtain your unit commands signature in block 35e DA 1058-R.
 - c. Request his/her letter of recommendation
2. From your unit of assignment
 - a. Certified height/weight or DA 5500R. (Not more than 30 days old as of the start date)
 - b. DA 705 (APFT Score Card), and DA 3349 (if applicable). (Record test with-in 12 months of start date)
3. After obtaining unit commander approval and recommendation
 - a. Coordinate with Health Services for HIV and Pregnancy test as appropriate. Ensure your MEDPROS documentation is updated.
 - b. Print your MEDPROS IMR Record. This can be obtained by accessing your AKO account / My Medical / My Medical Readiness / View Detailed Information / IMR Record
4. Turn in the aforementioned documentation to the Directorate / MACOM you intend to work for. This must come through your chain of command.
5. The Directorate / MACOM you are working for will review the application for content; finalize the required SF 52 justification memo. The Directorate / MACOM approving the tour will turn your packet into the HRO AGR Branch.
6. Failure to follow the above and attached instructions will slow down your application process.
7. I currently DO NOT have over 17 years AFS. I understand that Soldiers are in "sanctuary zone" upon reaching 18 yrs AFS. Soldiers that would attain that during an ADOS tour must get a waiver from the Director of the ARNG (prior to orders being published). NO EXCEPTIONS.
8. I AM NOT with-in six (6) months of my ETS (Enlisted) or MRD (Officer/Warrant).
9. I am / am not (circle) a Federal Technician. If yes, Permanent Federal Technicians will not participate in the ADOS program unless a waiver is approved by the Adjutant General prior to being placed on orders.
10. I have NOT served on any combination of FTNG (ADSW/ADOS) Active Federal Service for more than 1,095 cumulative days (three years) out of preceding 1,460 (four year -Rolling Window) since 28 October 2004 (Military service in other components is not counted).

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

1. Forward ADOS application through approval authorities to the applicable Directorate / MACOM to the HRO-AGR Branch.
2. Assist Soldier in the management of accrued leave by maintaining DA 481.
3. Ensure the Soldier obtains Active Duty ID Card and applies for the TRICARE Prime Remote for Self and Family.
4. Ensure ADOS orders are published prior to the start date of tour.
5. Ensure adequate physical fitness time is provided (3 - 5 hrs per week).

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

INITIAL MEDICAL REVIEW - ANNUAL MEDICAL CERTIFICATE

For use of this form, see AR 40-501; the proponent agency is OTSG

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority Section 133, Title 10, United States Code (10 USC 133).

Purpose The primary use of this information is to provide medical information of sufficient detail to ensure uniformity in medical evaluation.

Routine Uses Used to evaluate soldiers in terms of medical conditions and physical defects which may require medical care or which may require a determination of medical fitness for duty.

Disclosure The requested information is mandatory because of the need to document all medical incidents in view of future rights and benefits. If the requested information is not furnished, comprehensive health care may not be possible, but **CARE WILL NOT BE DENIED.**

PART I -- COMPLETED BY SOLDIER

Please check the appropriate response column for each question below.

YES

NO

1. Do you currently have any medical/dental problems?

2. Have you had any medical or dental problems since your last periodic physical examination?

3. Have you been seen by or been treated by a dentist, physician, or other health care provider since your last periodic physical examination?

4. Have you been hospitalized or had surgery since your last periodic physical examination?

5. Are you currently taking medication, or have you taken prescription medication since your last examination?

6. Are you currently or have you in the past received a VA Disability, Workmen's Compensation, or other type of compensation for health or physical reason?

7. LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING

8. EXPLAIN ANY POSITIVE ANSWERS GIVEN ABOVE

I certify that the above information is true and correct to the best of my knowledge. I further understand that false statements made on this form may be cause for reassignment, discharge, or other disciplinary action.

9. SSN

10. RANK/GRADE

11. MOS

12. DATE

13a. PRINTED/TYPED NAME

13b. SIGNATURE

PART II -- COMPLETED BY INITIAL REVIEWER

14. INITIAL REVIEWER'S NOTES

15. ☐ FULLY FIT ☐ REQUIRES
FURTHER
EVALUATION

16. SIGNATURE

17. DATE

PART III -- COMPLETED BY PHYSICIAN

18. PHYSICIAN'S REVIEW NOTES

19. ☐ FIT ☐ UNFIT (USAR
refer to para
9-13 & 9-14
AR 40-501) ☐ UNFIT (Army
National Guard
refer to MDRB)20. Complete "PULHES" using the
Physical Profile Functional
Capacity Guide in Table 7-1,
AR 40-501.

P U L H E S

21. DA FORM 3349 IS ATTACHED
☐ YES ☐ NO

22. SIGNATURE

23. DATE

PART IV -- COMPLETED BY APPROVING AUTHORITY

24. MISCELLANEOUS RECOMMENDATIONS

25. SIGNATURE

26. DATE

1. LAST NAME, FIRST NAME, INITIALS & SSN					2. FROM (Date)		3. TO (Date)		4. PAGE OF PAGES		
					5 a. DSSN OF FINANCE & ACCTG OFFICER						
					b. SIGNATURE OF RESPONSIBLE OFFICER						

6. LEAVE TAKEN					7. DSSN OF F & AO	8. LEAVE CREDITED				
FROM a.	TO b.	NO. OF DAYS c.	TYPE LP d.	MORNING REPORT DESIGNATION AND UIC e.		PERIOD			DAYS LV CREDITED d.	BALANCE AVAILABLE e.
						FROM a.	TO b.	DAYS EX- CLUDED c.		
						FROM PREVIOUS RECORD				

9. ABSENCES DURING WHICH LEAVE DOES NOT ACCRUE BY DATES AND SPECIFIC AUTHORITY FROM AR 630-5									
FROM	TO	DAYS	AUTH	MORNING REPORT UNIT	FROM	TO	DAYS	AUTH	MORNING REPORT UNIT

RECORD CLOSING DATA			
10. FINAL COMPUTATION		11. REMARKS	
a. TOTAL DAYS LEAVE CREDITED (Total column 8d)		a. CASH SETTLEMENT REQUESTED <input type="checkbox"/> b. OTHER DISPOSITION <input type="checkbox"/> (Specify)	
b. TOTAL DAYS LEAVE TAKEN (Total column 6c)			
c. BALANCE (a minus b)			
12. DSSN OF FINANCE & ACCTG OFFICER		13. SIGNATURE OF RESPONSIBLE OFFICER	

LOCATION IDENTIFICATION OF DSSN				
DSSN	STATION ADDRESS		DSSN	STATION ADDRESS
REVIEW AND VERIFICATION OF LEAVE BALANCE				
ENTRIES		LEAVE BALANCE	SERVICE MEMBER'S SIGNATURE	RESPONSIBLE OFFICER'S SIGNATURE
FROM	TO			